Supraclavicular mass in a patient with chronic kidney disease

Gonzalo Labarca,¹ Ximena Monsalve²

¹Department of Internal Medicine, Pontifical Catholic University, Santiago, Chile
²Pontifical Catholic University, Santiago, Chile

Correspondence to

Dr Gonzalo Labarca,
 glabarcag@gmail.com

Accepted 12 November 2014

DESCRIPTION

A 49-year-old man with a medical history of chronic kidney disease on dialysis, autosomal polycystic kidney disease and coronary artery bypass grafting presented with a history of 1 year of weakness, bone and muscle pain, hip pain and a growing mass in the thorax. His treatment consisted of calcium carbonate, folic acid and β -blocker. On physical examination the patient appeared healthy and was found to have a dense, non-painful 14 cm mass in the right supraclavicular region (figure 1). Extremities examination revealed right hip pain without deformity or inability to walk. The rest of the examination was unremarkable. Blood examinations revealed haematocrit 32.1%, white cell count 5.100, calcium 12.2 mg/dL, phosphorus 5.7 mg/dL, vitamin D levels 51 ng/mL, bone alkaline phosphatase 384 U/L and intact parathyroid hormone (PTH) levels 1320 pg/mL; liver and thyroid panel were normal. Thorax, abdomen and pelvis CT showed one calcified multiloculated mass measuring 142×83×70 mm in the right axillary region (figure 2). Soft tissue calcification was evident in both hips and avascular necrosis was seen on the right hip. In addition, polycystic kidney and hepatic cysts were present. There was no evidence of heart, lung or abdominal calcification. Thyroid ultrasonography showed bilateral hypertrophy of parathyroid

Figure 2 Chest CT scan in bone windows showing a calcified multiloculated mass measuring 142×83×70 mm in the right supraclavicular region.

glands with microcalcifications and no adenopathies were seen. A total parathyroidectomy with autotransplantation was performed without incident. At 6 month follow-up the patient's recovery was successful, with no hypercalcaemia and improvement of the supraclavicular mass size and symptoms after surgery; follow-up PTH levels were 5 pg/mL.

Extraosseous soft tissue calcification is a complication of chronic kidney disease on dialysis with severe hyperparathyroidism without mineral metabolism management; calciphylaxis and low levels of calcium–phosphorus are necessary to prevent severe hyperparathyroidism.¹ Differential diagnosis should include soft tissue sarcoma.²

Figure 1 Calcified multiloculated mass in the supraclavicular space. A scar secondary to coronary artery bypass grafting is present on the superior border of the mass.

Learning points

- ▶ Ectopic calcification is a complication in long-standing renal disease with or without dialysis.
- ▶ Calciphylaxis is necessary to prevent severe hyperparathyroidism.
- ▶ Differential diagnosis of ectopic calcification includes soft tissue sarcoma.

Contributors GL was involved in the preparation of the manuscript and final proofreading. XM contributed in the conception, redaction of the study and acquisition of data.

Competing interests None.

Patient consent Obtained.

Provenance and peer review Not commissioned; externally peer reviewed.

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To cite: Labarca G, Monsalve X. *BMJ Case Rep* Published online: [please include Day Month Year] doi:10.1136/bcr-2014-207860

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